Film#G164 Item# 9 4/12/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4116 — 04112

CERTIFICATE OF DEATH

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Showell; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Showell; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edward (Last) Baker

4. DATE OF DEATH: (Month) Apr. (Day) 2 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 8 1872

9. AGE last birthday: 81 8/12 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming, timber work

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): St. Martins Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josiah James Baker

14. MOTHER'S MAIDEN NAME: Mary Ann Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Bertha C. Baker Showell, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic myocarditis — Interval Between Onset and Death: 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis rheumatoid.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1950, 19..., to Day of death, that I last saw the deceased alive on 4-1-54, 19..., and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Lore M.D. ADDRESS Willards Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Apr. 4, 1954 — NAME OF CEMETERY OR CREMATORY Old Fellows Cemetery — LOCATION (City, town, or county) Pocomoke — (State) Md

DATE REC'D BY LOCAL REG. Apr. 2, 1954 — REGISTRAR'S SIGNATURE Mrs. H. Ray Bergey Asst. — 24. FUNERAL DIRECTOR Henry T. Watson — ADDRESS Pocomoke City, Md.

RECEIVED
APR 5 1954
BUREAU V. S.

04113

MARYLAND 4117

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OCEAN CITY
HOSPITAL OR INSTITUTION OR STREET ADDRESS
MARYLAND
LENGTH OF STAY (in this place) 7 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OCEAN CITY
STREET ADDRESS (If rural, give location) BALTIMORE AVE

3. NAME OF DECEASED (Type or Print) (First) CARL (Middle) CHARLES (Last) BARRETT

4. DATE OF DEATH (Month) APRIL (Day) 18 (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH AUG. 4 1882

9. AGE last birthday 71 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) LIVERPOOL ENGLAND

12. CITIZEN OF WHAT COUNTRY? ENGLAND

13. FATHER'S NAME UNKNOWN

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No
(If year, give war or dates of service) NO
ENGLISH ARMY

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS MRS C.C. BARRETT, OCEAN CITY, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

527.1

Immediate cause (a) Pulmonary emphysema — Interval Between Onset and Death: 8 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1947, to 18 Apr., 1954, that I last saw the deceased alive on 18 Apr., 1954, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE Nathaniel A. Shreve (Degree or title) M.D. ADDRESS Ocean City, Md DATE SIGNED 20 Apr 54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE 4/21/54

NAME OF CEMETERY OR CREMATORY St. Johns Germain Luthern

LOCATION (City, town, or county) READING (State) Pa

DATE REC'D BY LOCAL REG. 4-20-54

REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Amos A. Burrage

ADDRESS Berlin Md

RECEIVED
APR 21 1954
BUREAU V. S.

4118 04114

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Berlin
LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Phillips Camp

3. NAME OF DECEASED: (Type or Print) (First) Wm (Middle) (Last) Brown Jr
4. DATE OF DEATH (Month) 4 (Day) 9 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	C	Single	4/3/1916	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farming	West Indies	U.S.

13. FATHER'S NAME: Wm Brown
14. MOTHER'S MAIDEN NAME: Celia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS
No	259-03-8465	Wm Phillips Jr Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Sudden death	Minutes
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	(Probably) Heart attack	
DUE TO		
(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic alcoholic

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		No injury

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. R. Parsonius M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4/9/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/10/54	St Pauls	Berlin Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-9-54	Helen F Hayward	Chas A Bunting	Berlin Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 13 1954
BUREAU V. S.

04115

MARYLAND 4119

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN
MARYLAND
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Irma (Middle) CROSWELL (Last) CAREY

4. DATE OF DEATH (Month) APRIL (Day) 25 (Year) 54

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH FEB. 1, 1931

9. AGE last birthday 23 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (State or foreign country) UPPER FRIRMOUNT, MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILLIAM S CROSWELL

14. MOTHER'S MAIDEN NAME MARGARET BARRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) NO

16. SOCIAL SECURITY No. No

17. INFORMANT AND ADDRESS Mrs W. S Croswell, Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201X Immediate cause (a) Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH 15 Months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to April 25, 1954, that I last saw the deceased alive on April 24, 1954, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE J Hammond Jr M.D. (Degree or title) ADDRESS Ocean City MD. DATE SIGNED April 28, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 4/28/54

NAME OF CEMETERY OR CREMATORY Evergreen

LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 4-28-54

REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Irma A Burbage ADDRESS Berlin Md

RECEIVED
MAY 3 1954
BUREAU V. S.

04116

MARYLAND 4120

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WORCESTER.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN
STREET ADDRESS (If rural, give location) WILLIAMS ST.

3. NAME OF DECEASED (Type or Print) (First) LIZZIE (Middle) ALICE (Last) CROPPER

4. DATE OF DEATH (Month) APRIL (Day) 10 (Year) 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH FEB. 8, 1868

9. AGE last birthday 86 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (State or foreign country) BERLIN MD RURAL

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JESSIE TURNER.

14. MOTHER'S MAIDEN NAME KATE GRIFFITH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NO

16. SOCIAL SECURITY NO. NO

17. INFORMANT AND ADDRESS MISS. CLARA CROPPER, BERLIN, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

Immediate cause (a) Pneumonitis — Interval between onset and death: 1 wk

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalize d abdominal Carcinomatosis — Interval between onset and death: MO

(c) Carcinoma of liver — Interval between onset and death: ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1954, to April 10, 1954, that I last saw the deceased alive on April 10, 1954, and that death occurred at 4:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A. Burk MD ADDRESS Berlin, Md. DATE SIGNED 4/12/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE April 12/1954

NAME OF CEMETERY OR CREMATORY EVERGREEN

LOCATION (City, town, or county) BERLIN (State) MD.

DATE REC'D BY LOCAL REG. 4-15-54

REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Irma A Burbage ADDRESS Berlin Md

RECEIVED
APR 20 1954
BUREAU V. S.

04118

MARYLAND 4121 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville — LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville
STREET ADDRESS (If rural, give location) — not #

3. NAME OF DECEASED (Type or Print): (First) Susie (Middle) A (Last) Haddox

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Widow

8. DATE OF BIRTH: March 2 1877

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Hudson

14. MOTHER'S MAIDEN NAME: Patience Ann Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Susie Mansfield Collins Box

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial infarction

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary thrombosis or occlusion

(c) diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertension

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1954, to Apr, 1954, that I last saw the deceased alive on Apr 19, 1954, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

SIGNATURE Clifford A. Grubb (Degree or title) MD ADDRESS Berlin Md DATE SIGNED 4/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 4/24/54 | NAME OF CEMETERY OR CREMATORY Lynch | LOCATION (City, town, or county) Selbyville (State) Del.

DATE REC'D BY LOCAL REG. 4/24/54 | REGISTRAR'S SIGNATURE Hilda R. Bergey

24. FUNERAL DIRECTOR Peter Whaley Selbyville ADDRESS Del

E-J.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 2
BUREAU V. S.

04119

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4122

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Wascoter MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
LENGTH OF STAY (in this place) 58 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wascoter
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) (Last) Hill

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept. 28/1895
9. AGE last birthday: 58/7/2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Duffy
14. MOTHER'S MAIDEN NAME: Mary Taylor

15. WAS DECEASED EVER IN U S ARMED FORCES (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-18-5424
17. INFORMANT & ADDRESS: Mrs Marine Bratten, Snow Hill, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 X

Immediate cause (a) Cachexia & Inanition — Interval Between Onset And Death: 3 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma Uterus — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1952, to April 30, 1954 that I last saw the deceased alive on April 29, 1954, and that death occurred at 4:00 AM from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Snow Hill DATE SIGNED 4-30-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 2/54
NAME OF CEMETERY OR CREMATORY Hutter Chapel
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REGISTRAR May 1, 54
REGISTRAR'S SIGNATURE Guyn E. Cooper
24. FUNERAL DIRECTOR Alay E. Dennis, Snow Hill, ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1954
BUREAU V. S.

04120

MARYLAND 4123 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 955

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give [redacted]) OR TOWN Whaleyville LENGTH OF STAY (in this place) 66 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Greene (Middle) (Last) Lewis			4. DATE OF DEATH (Month) April (Day) 26 (Year) 1954		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 10, 1887	9. AGE last birthday 66 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Whaleyville, Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Isaac Lewis			14. MOTHER'S MAIDEN NAME Nancy Jarman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No		16. SOCIAL SECURITY No. No	17. INFORMANT AND ADDRESS Mrs Mollie Lewis, Whaleyville Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X Immediate cause (a) Cerebral Apoplexy ?

Antecedent cause(s) (b) Hypertension ?

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25, 1954, to 4-26-54, 19..., that I last saw the deceased alive on 4-25-54, 19..., and that death occurred at 10:00 A m., from the causes and on the date stated above.

SIGNATURE Clifford E. Schott M.D. (Degree or title) ADDRESS Berlin Md DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) Burial	DATE 4/28/54	NAME OF CEMETERY OR CREMATORY Rehobeth Cem.	LOCATION (City, town, or county) (State) Whaleyville Md
DATE REC'D BY LOCAL REG. 4-28-54	REGISTRAR'S SIGNATURE Helen F Hayward	24. FUNERAL DIRECTOR [illegible] A. Burbage	ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
MAY 3 1954
BUREAU V. S.

4124

04121

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 331

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Canning Factory

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 504 Cleveland Ave.

3. NAME OF DECEASED: (Type or Print) (First) GROVER (Middle) CLEVELAND (Last) POPE
4. DATE OF DEATH (Month) APRIL (Day) 27 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Married	Sept. 13, 1885	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer of Co.	Boiler Repair	R. D. # Princess Anne Md	USA

13. FATHER'S NAME: George Thomas Pope
14. MOTHER'S MAIDEN NAME: Melvina Pusey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unk		Mrs. Frances L. Pope (Wife) 504 Cleveland Ave.

18. MEDICAL CERTIFICATION Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute Coronary Occlusion	5 Min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Atherosclerosis	10 yrs
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Previous Coronary Occlusion. 2 yrs ago

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert Lamar, M.D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-28-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 28, 1954	Wicomico Memorial Park	Salisbury, Maryland

DATE REC'D BY LOCAL REG. Apr 28, 54 REGISTRAR'S SIGNATURE Elmer E. Cooper

24. FUNERAL DIRECTOR ADDRESS
HOLLOWAY & COMPANY SALISBURY MARYLAND

Walter R. Holloway

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RECEIVED
3 1954
BUREAU V. S.

04122

MARYLAND 4125 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) Boardwalk

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Ellen (Last) Rayne

4. DATE OF DEATH (Month) April (Day) 22 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH June 8, 1868

9. AGE last birthday 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Owner

10b. KIND OF BUSINESS OR INDUSTRY Self Employed

11. BIRTHPLACE (State or foreign country) Berlin, Md R.D

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard S Coffin

14. MOTHER'S MAIDEN NAME Anne Maria Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If year, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT AND ADDRESS Mr Harold Rayne Ocean City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4½ hours

Antecedent cause(s) (b) Arterio sclerotic (CVI) with Chronic congestive failure — 4 years.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver, Angina pectoris

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to April 22, 1954, that I last saw the deceased alive on April 22, 1954, and that death occurred at 2:40 A m., from the causes and on the date stated above.

SIGNATURE J. Raymond Jr. M.D. (Degree or title) ADDRESS Ocean City Md. DATE SIGNED April 23 54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 4 26 54

NAME OF CEMETERY OR CREMATORY Odd Fellows

LOCATION (City, town, or county) (State) Bishopville Md

DATE REC'D BY LOCAL REG. 4-24-54

REGISTRAR'S SIGNATURE Helen F. Hayward.

24. FUNERAL DIRECTOR Anna A. Bunting ADDRESS Berlin Md

RECEIVED
APR 27 1954
BUREAU V. S.

4126

04123
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Addie (Middle) Derickson (Last) Robinson
4. DATE OF DEATH (Month) (Day) (Year) 4 - 7 - 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: OCT. 25 1913
9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer Chicken plant
10b. KIND OF BUSINESS OR INDUSTRY: Poultry
11. BIRTHPLACE (State or foreign country): Berlin Md
12. CITIZEN OF WHAT COUNTRY? NSA

13. FATHER'S NAME: David Snow
14. MOTHER'S MAIDEN NAME: Blanche Derickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 218-20-8243
17. INFORMANT & ADDRESS: Blanche Cunnell, Berlin Md RFD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Suffocation by Strangulation — INTERVAL BETWEEN ONSET AND DEATH: Short

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO with Broken neck

(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Imbibing alcoholics

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21c. (City or town) Berlin (County) Worcester (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 - 7 - 1954 (?) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Probably Manual force (?)

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE N. E. Sartonius M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4/10/54
NAME OF CEMETERY OR CREMATORY Davis
LOCATION (City, town, or county) (State) Berlin Md RFD

DATE REC'D BY LOCAL REG. 4-9-54
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Hume H. Benbaze ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

APR 13
V. S.

04124

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4114

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belden Restorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural, give location) 821 Second St.

3. NAME OF DECEASED: (Type or Print) (First) ARENTHIA (Middle) J. (Last) SMALL

4. DATE OF DEATH: (Month) Apr. (Day) 21, (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: July 30, 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Parker Marshall
14. MOTHER'S MAIDEN NAME: Comfort Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Robley P. Small, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) ① Coronary Occlusion ② Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Arteriosclerosis generalized, Severe.
DUE TO (c) Bronchitis, Acute & Chronic

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ① Paralytic Ileus ② Intestinal Obstruction, partial.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Dec., 1951, to 21 April, 1954, that I last saw the deceased alive on 20 April, 1954, and that death occurred at 4:15 A.m., from the causes and on the date stated above.

SIGNATURE Norman E. Sartorius, Jr. (DEGREE OR TITLE) M.D. ADDRESS Pocomoke, Md DATE SIGNED 22 April 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4/23/54
NAME OF CEMETERY OR CREMATORY Baptist Cemetery
LOCATION (City, town, or county) (State) Pocomoke City, Md.

DATE REC'D BY LOCAL REG. April 23 1954
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 1954
BUREAU V. S.

04125

4127

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City — LENGTH OF STAY (in this place) 2-3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2500 Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Upper Marlboro — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) William (Last) Suit, Sr

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 8, 1866

9. AGE last birthday: 87 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employed Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Thomas Suit

14. MOTHER'S MAIDEN NAME: Rachel E. Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Benjamin W. Suit 2500 Baltimore Ave. Ocean City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1954 to Apr. 6, 1954, that I last saw the deceased alive on Apr. 6, 1954, and that death occurred at 8:55 P m., from the causes and on the date stated above.

SIGNATURE Nathaniel L. Thomas (Degree or title) M.D. ADDRESS Ocean City, Md. DATE SIGNED 6 Apr 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 4/9/54 | NAME OF CEMETERY OR CREMATORY: Trinity Episcopal | LOCATION (City, town, or county): Upper Marlboro, | (State) Md.

DATE REC'D BY LOCAL REG. 4-9-54 | REGISTRAR'S SIGNATURE Helen F Hayward. | 24. FUNERAL DIRECTOR: Ritchie Bros. | ADDRESS: Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 12 1904
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04126

CERTIFICATE OF DEATH

4128 FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY WORCESTER — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEWARK (RURAL) — LENGTH OF STAY (In this place) 15 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEWARK
STREET ADDRESS (If rural, give location) RURAL (2 UGP CNCU)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARVIN	DANIEL	TYNDALL III	APRIL	2	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE		DEC. 22, 1952	1 yrs.	3			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MARVIN D TYNDALL JR.	SHIRLEY STARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	—	MR. M.D. TYNDALL JR NEWARK MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
9140 Immediate cause (a) ACCIDENTAL ELECTROCUTION	0
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	HOME	NEWARK	WORCESTER	MARYLAND

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
APRIL 2, 1954 4:50 p.m.		TOUCHED ELECTRIC VACUUM CLEANER WHICH HAD DEFECTIVE WIRING.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Robert H. LaMar (Degree or title) MD ADDRESS Snow Hill — DATE SIGNED 4-3-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	APRIL 4, 1954	GREEN MEMORIAL	NEWARK	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 6, 54	Elwyn E. Cooper	Dan A. Burley	Berlin Md.

VS. A15A

RECEIVED
APR 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4129

04127

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
STREET ADDRESS (If rural, give location) Rural Route

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Curtis (Last) Walker

4. DATE OF DEATH (Month) Apr. (Day) 27 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH July, 4, 1871
9. AGE last birthday 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (State or foreign country) Worcester Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph S. Sudler
14. MOTHER'S MAIDEN NAME Anne Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Laura Walker — Bishop, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Pulmonary Edema c̄ Anasarka } sec. Anuria + Uremia	10 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Degenerative Myocarditis due to	10 yrs
	(c) Generalized atherosclerosis	15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy c̄ Chronic Cyto-Pyelitis 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Apr 27, 1954, that I last saw the deceased alive on Apr 27, 1954, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hermann Robbins M.D. ADDRESS Berlin, Md. DATE SIGNED 4/28/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Apr. 30, 1954
NAME OF CEMETERY OR CREMATORY Add Fellows
LOCATION (City, town, or county) (State) Bishopville, Md.

DATE REC'D BY LOCAL REG. 4/30/54
REGISTRAR'S SIGNATURE Hilda R. Bergey-Cm
24. FUNERAL DIRECTOR Henry H. Watson — ADDRESS Pocomoke City, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04128

4115 CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Worcester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke 42
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 203 Walnut St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke 42
STREET ADDRESS (If rural give location): 203 Walnut St.

3. NAME OF DECEASED: (First) WILLIAM (Middle) HENRY (Last) WALTERS, Jr.

4. DATE OF DEATH: (Month) April (Day) 22, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct 28, 1893

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Wire Chief

10b. KIND OF BUSINESS OR INDUSTRY: Telephone

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dr. William H. Walters, Sr.

14. MOTHER'S MAIDEN NAME: Annie Merrill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): None

16. SOCIAL SECURITY No.: 212-10-0440

17. INFORMANT & ADDRESS: Mrs. Elizabeth M. Walters, Pocomoke Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cancer of the Larynx — Interval Between Onset And Death: 2 years

161X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1954, to Apr. 22, 1954, that I last saw the deceased alive on Apr. 22, 1954, and that death occurred at 7.20 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Charles W. Trader M.D. Pocomoke City Md. Apr. 23, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/25/54 — NAME OF CEMETERY OR CREMATORY: Presbyterian Cemetery — LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR: April 25, 1954 — REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR — ADDRESS: Henry H. Watson, Pocomoke, Md.

RECEIVED
APR 28 1954
BUREAU V. S.